

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 14 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41518

State File No.

Registration District No. 124

Primary Registration District No. 5177

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Burfordville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Family Home, Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

L. F. Eakins

3. (b) If veteran, name war.

3. (c) Social Security No. None

4. Sex male

5. Color or race co

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Maratanga Eakins

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Feb 7 - 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 15 If less than one day hr. min.

9. Birthplace Burfordville Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Maratanga Eakins

13. Birthplace Burfordville Mo (City, town, or county) (State or foreign country)

14. Maiden name Martha Simmons

15. Birthplace Burfordville Mo (City, town, or county) (State or foreign country)

16. (a) Informant Robert Eakins

(b) Address Burfordville Mo

17. (a) Burial (b) Date thereof 12-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McGuire Cemetery

18. (a) Signature of funeral director Seabough J. H. Hume

(b) Address Cape Girardeau Mo

19. (a) 12-27-41 (b) W. E. Surbin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Burfordville Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route 10
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22
year 1941 hour 8 minute 4 M.

21. I hereby certify that I attended the deceased from July 1922 to Dec 22 1941
that I last saw him alive on Dec 13 1941
and that death occurred on the date and hour stated above.

Immediate cause of death arterio sclerosis
Duration 10 yrs

Due to Heart Failure

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations 97

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature W. E. Surbin (M. D. or other) 0

Address Burfordville Mo Date signed 12-22-41

Not Embalmed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate, was embalmed by me, or by.....
.....; Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.